



**Hayden Munoz** #25805

Last edited by Alex Grunstein on Oct 27 at 11:34 AM



Messages

Notes

< Back

Find account section



About

Timeline

Household Contacts

Employment History

Relationships

Addresses 1

Data Privacy & Consent 20

Donations

Event Registrations 2

Memberships

Peer-to-Peer Fundraising

Store Orders

Notes

Activities

Grants

Prospects

Solicited Gifts

Invitations

Letters & Materials

Sent Emails 6

Text Messages

Mailchimp

Constant Contact

Eventbrite

Soft Credits

Volunteer

Volunteer Waivers

Survey Responses

Workflows

Receipts

3.6/5

Generosity Indicator



All Time Annual Fiscal

\$0.00

Donations

0.00

Volunteer Hours

\$82.50

Event Registrations

2

Event Attendance

\$0.00

Memberships

\$0.00

Soft Credits

\$0.00

Store Purchases

All Time Generosity Total \$82.50

Configure

Edit

NAME

First Hayden

Middle -

Last Munoz

Preferred Hayden

Prefix -

Suffix -

Salutation -

MEMBERSHIP

Account Current -

Membership Status

Membership Term -

Membership Level -

Membership Directory -

Directory Opt-In Status Automatically Opted In

ACCOUNT DETAILS

Type -

Source Online/Internet

Household -

Employment -

Gender Male

Birthday Feb 21, 2015

Login munoz

Login Confirmed

CONTACT

Phone (505) 208-8281

Home -

Home -

Home -

SMS/MMS Number (505) 208-8281

Email ddelar@msn.com

-

-

Address

Copy Map

9 Mangham Ct

Peralta, NM 87042

-

County

Online -

GENERAL INFORMATION

SNOW BALL -

ASSIGNED

SOLICITOR

2022 SNOW BALL -

SPECIAL NOTES:

2020 SNOW BALL -

SPECIAL NOTES:

Logo Pathway: -

Preferred Contact Method -

Preferred Contact Reason -

DATA PRIVACY & CONSENT

SMS/MMS Given

ATHLETE

Parent/Guardian -

Name(s) (If under 18)

Are you registering with ASPNM as a

|                                |              |   |   |
|--------------------------------|--------------|---|---|
| Texting ok at Phone 1?         | —            | Athlete contact person relationship to Athlete  | —   |
| Emergency Contact Name         | Diana galey  | Start year with ASPNM   | 2024  |
| Emergency Contact Phone Number | 505-350-0919 | Seasons with ASP  | —   |
| Interested in summer program   | —            | Annual Household Income   | 30,000-44,999                                     |
| Interested in winter program   | —            | Ethnicity   | Hispanic or Latino                                |
| Ski Area                       | —            | Race  | White   |
| Staff Only: waiver due date    | —            | Military Service  | None  |
|                                |              | DD-214 #  | N/A   |
|                                |              | Are you considered a Wounded Warrior?   | —   |
|                                |              | Date of Injury  | —   |
|                                |              | Which Military Branch did you serve in (select all the apply)   | —   |
|                                |              | Height  | 4'8   |
|                                |              | Weight  | 140   |
|                                |              | Type of Disability  | Other   |
|                                |              | Description of disability. Please include anything that you would like ASP to know that has not been addressed. | Unable to walk full distances. Primarily in chair |
|                                |              | What type of skiing/riding do you think you will be doing   | Sit Down Skiing - Mono Ski                        |
|                                |              | What functions are affected?  | lower limbs                                       |
|                                |              | Current activities  | general walking around.wheeling around            |
|                                |              | Medications   | SMA3  |
|                                |              | Seizures  | No  |
|                                |              | If yes, date of last seizure  | —   |
|                                |              | Food or medication allergies  | none  |
|                                |              | Need to limit activities?   | no  |
|                                |              | Primary Care Physician name   | —   |
|                                |              | Primary Care Physician phone  | —   |
|                                |              | Health Insurance  | —   |
|                                |              | Ability to sense cold   | yes   |
|                                |              | Comprehension   | —   |

  

|   |       |  |  |
|---|-------|--|--|
| <b>VOLUNTEER</b>  |       |  |  |
| Volunteer Interests   | —     |  |  |
| How did you hear about ASPNM?   | Jenna |  |  |
| Why would you like to be a part of the ASPNM?   | —     |  |  |
| ASP offers a wide variety of ways to get involved, including sports instructors, committee participation, and more! For which ASP events would you be interested in volunteering? | —     |  |  |
| Have you ever taught Adaptive Sports of any kind?   | —     |  |  |
| Have you ever taught Skiing and/or Snow Boarding?   | —     |  |  |
| Taught Adaptive Ski/Snowboard prior to ASPNM?   | —     |  |  |
| PSIA or AASI certification (or other professional Snowsport certification)  | —     |  |  |
| Summer Sports certifications, skills, and years experience?   | —     |  |  |
| Summer Sports equipment owned?  | —     |  |  |
| Other sport skills/experience?  | —     |  |  |
| Non-sport Volunteer?  | —     |  |  |
| What skills do you have that you would consider contributing  | —     |  |  |